2942

02921

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville X
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Stevensville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Riley (Last) Adkins

4. DATE OF DEATH (Month) Mar. (Day) 22 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 14 1862
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader - Track - Forman - B&E. R.R.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ~~[illegible]~~ Peter Adkins
14. MOTHER'S MAIDEN NAME ~~[illegible]~~ Elizabeth Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Elmer S. White - Stevensville, Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary Thrombosis | 5 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic CV Disease | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1954, to March 22, 1954, that I last saw the deceased alive on March 22, 1954, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Irvin S. Hoyt MD (Degree or title) ADDRESS Queenstown Md. DATE SIGNED 3/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 25, 1954
NAME OF CEMETERY OR CREMATORY Pittsville M.E. Cemetery
LOCATION (City, town, or county) (State) Pittsville Md.

DATE REC'D BY LOCAL REG. March 25, 1954
REGISTRAR'S SIGNATURE Elizabeth Hoptes
24. FUNERAL DIRECTOR Holloway & Co Lw. Spector Holloway Salisbury Md.
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 30 1954
BUREAU V. C

2943

02922

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville RFD — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R F D
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Annie | Elizabeth | Bands | March 19 19[illegible] |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | Col | | 1877 | 76 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| None | Farmer | near Centreville Md | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| ? Frazier | Harriet Maddox |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | none | Robt Marion Bands Son |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

782.4
**Immediate cause** (a) Evidently a heart attack —

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| W. Henry Fisher M.D. Deputy Medical Examiner Q. A. C. Md | Centreville Md | 3/20/54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 22-54 | Private family Plot | nr Centreville Md, Brownsville |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-22-54 | Elsie Armstrong | Burton Bros | Centreville Md. |

VS. A15A

RECEIVED
MAR 26 1954
BUREAU V. S.

2944

02923

M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville X
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Grasonville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Moses (Middle) (Last) Bunting
4. DATE OF DEATH (Month) March (Day) 25 (Year) 1954
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH June 3-1895
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster Shucking
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Peter Bunting
14. MOTHER'S MAIDEN NAME Mamie Scarber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. 220-03-0255
17. INFORMANT AND ADDRESS Viola Bunting, Bridgeville Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.X

Immediate cause (a) Depressed Fracture of Skull, Left Parietal Region

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Aut~~ Struck by Automobile

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 25-1954 m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Irvin G. Hoyt (Degree or title) MD ADDRESS Queenstown, Md. DATE SIGNED 3/26/54

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 28-54
NAME OF CEMETERY OR CREMATORY Robinson Church Yard
LOCATION (City, town, or county) Grasonville (State) Md

DATE REC'D BY LOCAL REG. Mar 28-54
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 30 1954
BUREAU V. S.

294 37

MARYLAND STATE DEPARTMENT OF HEALTH

02924

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Ruthsburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A. (Last) Handy

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Handy

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-07-7111A

17. INFORMANT AND ADDRESS: Estelle Handy (wife) Centreville Md.

### 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1998

**Immediate cause** (a) Found dead in his home — evidently

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) a heart attack —

(c) Carcinoma of Prostate & bladder —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. Henry Fisher M.D. Deputy med. Exam. for Q-A-Co Md. — Centreville Md. — 3/2-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Mar. 3 — Rocville — near Centreville Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

March 2 — Edgar L. Lane — Edgar L. Lane — Church Hill

RECEIVED
MAR 4 1954
BUREAU V. S.

2946

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03930

# CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Price X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Price
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elizabeth (Last) Jarrell

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1954

5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: Nov. 19 = 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Todd
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Fred Sparks - Sudlersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 4 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 5 years.

DUE TO

(c) Hypertension — 5 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1953, to Mar 29, 1954, that I last saw the deceased alive on Mar 28, 1954, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert S. G. Wright MD
ADDRESS Queenstown Md.
DATE SIGNED Mar 31, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 1
NAME OF CEMETERY OR CREMATORY Centreville
LOCATION (City, town, or county) Centreville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-31
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane
ADDRESS Church Hill, Md.

RECEIVED
APR 12 1954
BUREAU V. S.

02926

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. ~~381~~ 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Crumpton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) E. W. (Last) STUTZ
4. DATE OF DEATH (Month) Mar. (Day) 21 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 17-1882
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Fish
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Stutz
14. MOTHER'S MAIDEN NAME Margaret Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-20-1580
17. INFORMANT AND ADDRESS Mrs. Ella Stutz = Crumpton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aortic Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Short

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Aneurism of Abdominal Aorta
(c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to March 21, 1954, that I last saw the deceased alive on March 21, 1954, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE C H Ufstcalfe (Degree or title) MD ADDRESS Ludlersville, Md DATE SIGNED 3/24/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF March 24 NAME OF CEMETERY OR CREMATORY Crumpton LOCATION (City, town, or county) Crumpton (State) Md.

DATE REC'D BY LOCAL REG. March 24 REGISTRAR'S SIGNATURE Edgar L. Lane 24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
2 1951
BUREAU V. S

2948

02927

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annie MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) All his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓ X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annie
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (Last) TAYLOR

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1954

5. SEX: M
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. ? 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Centreville Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Taylor
14. MOTHER'S MAIDEN NAME: Mary Clayton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 M (If Yes, give war or dates of service) M
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Leon Taylor, Centreville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 3533 (a) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 916X (b) DUE TO Accidental Burn to death (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)
PLACE OF INJURY (Home, ~~farm, factory, street, office bldg., etc.~~) (CITY OR TOWN) (COUNTY) (STATE) Centreville Queen Co Md
TIME OF INJURY (Month) March (Day) 21 (Year) 1954 (Hour) 9:30 a.m.
INJURY OCCURED While at Work ☒ 0 Not While At Work ☐
HOW DID INJURY OCCUR? Suffered to Epileptic fits

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19....., that I last saw the deceased alive on ....., 19.., and that death occurred at ..... from the causes and on the date stated above.
SIGNATURE Norman S. Dudley (Degree or title) Deputy Coroner ADDRESS CHURCHILL Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 23-54
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland
DATE REC'D BY LOCAL REGISTRAR 3-22-54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros, Centreville Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1914
BUREAU V. S.

2949

02928

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill X
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E. (Last) Thompson
4. DATE OF DEATH (Month) Mar (Day) 12 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 11-1872
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY Grocers
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? W.S.A.
13. FATHER'S NAME Bradley Thompson
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Sue Thompson Church Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1954, to 3/12, 1954, that I last saw the deceased alive on 3-2, 1954, and that death occurred at 10:30P m., from the causes and on the date stated above.

SIGNATURE H.B. McTherson M.D. (Degree or title) ADDRESS Centreville Md DATE SIGNED 3/15/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Mar 15-54
NAME OF CEMETERY OR CREMATORY Chester
LOCATION (City, town, or county) Chestertown (State) Md

DATE REC'D BY LOCAL REG. 3-15
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1
BUREAU V. S.

2950

02929

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville X — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville X
STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED: (Type or Print)** (First) EDITH (Middle) M. (Last) WEILER

**4. DATE OF DEATH:** (Month) March (Day) 2 (Year) 1954

**5. SEX:** F.

**6. COLOR OR RACE:** W.

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married

**8. DATE OF BIRTH:** April 4, 1913

**9. AGE last birthday:** 40 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Domestic

**11. BIRTHPLACE (State or foreign country):** Md.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Thomas Jackson

**14. MOTHER'S MAIDEN NAME:** Maude Reed

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)** (If Yes, give war or dates of service) Yes — —

**16. SOCIAL SECURITY NO.:** none

**17. INFORMANT & ADDRESS:** William W. Weiler - Sudlersville, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592 X

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Hypertension

DUE TO

(c) Hypertensive Heart

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** NO

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) N — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) N m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954, to March 2, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M D — ADDRESS Sudlersville Md — DATE SIGNED 3/2/54

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial — DATE THEREOF March 5, 1954 — NAME OF CEMETERY OR CREMATORY Sudlersville Cem. — LOCATION (City, town, or county) Sudlersville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-2 — REGISTRAR'S SIGNATURE Edgar L. Lane

**24. FUNERAL DIRECTOR** Edward Fellows — ADDRESS Millington Md.

VS. A15

RECEIVED
MAR 22 1954
BUREAU V. S.

2951

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02930

## CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Queen Anne's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Queen Anne
LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Queen Anne's
CITY OR TOWN: X near Queen Anne
STREET ADDRESS (If rural give location):

**3. NAME OF DECEASED (Type or Print):** (First) HERMAN (Middle) (Last) WOLFF

**4. DATE OF DEATH:** (Month) Mar (Day) 18, (Year) 1954

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** Dec 30, 1872

**9. AGE last birthday:** 81 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired: Farmer

**10b. KIND OF BUSINESS OR INDUSTRY:** Farm Owner

**11. BIRTHPLACE (State or foreign country):** Germany

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Ferdinant Wolff

**14. MOTHER'S MAIDEN NAME:** Bertha Lucia

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Lorenz Wolff, Queen Anne, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma Head of Pancreas — Interval Between Onset And Death: 12 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** July 2-1953

**19b. MAJOR FINDINGS OF OPERATION:** Carcinoma Head of Pancreas

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)** — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1953, to March 18, 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Krotts M.D. — ADDRESS: Denton Md — DATE SIGNED: March 20-1954

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial — DATE THEREOF: March 22, 1954 — NAME OF CEMETERY OR CREMATORY: Farmville — LOCATION (City, town, or county) (State): Farmville, Virginia

DATE REC'D BY LOCAL REGISTRAR: 3/22/54 — REGISTRAR'S SIGNATURE: [signature]

**24. FUNERAL DIRECTOR:** Edward L. Moore — ADDRESS: Denton, Md.

RECEIVED
MAR 29 1954
BUREAU V. S.